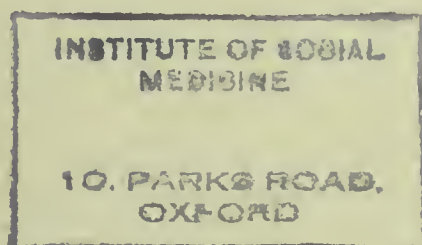


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CORNWALL COUNTY COUNCIL
(EDUCATION COMMITTEE)



Annual Report

OF THE
SCHOOL MEDICAL OFFICER

1951

R. N. CURNOW, M.B., B.S., D.P.H.

TRURO
NETHERTON & WORTH, LTD., THE COUNTY PRINTERS

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REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1951

HEALTH DEPARTMENT,
COUNTY HALL,
TRURO.

April, 1952.

To the Chairman and Members of the Education
Committee of the Cornwall County Council;
Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present a report dealing with the School Health Service for the year 1951.

Nowadays, we are liable after being produced by the Obstetrician to graduate from the Paediatrician through the Infant Welfare Service to the School Health Service, possibly entering hospital from time to time and passing from the care of one specialist to another without any continuity of care from any doctor other than from our own family doctor. Now that the Medical Services are run by such a variety of authorities it is all the more essential that our family doctor should continue the role of guide, philosopher and friend to all of us throughout life, and it behoves all the other branches of the Health and Hospital Services to take the greatest care to keep in the closest touch with the family doctor and to do everything to promote the doctor-patient relationship.

As far as the School Health Service is concerned, we have recognized the change which has come over the scene since the introduction of the National Health Service Act, 1948 provided every child in the County with a family doctor. The arrangements made in 1950 have been continued so that no child is referred by the School Health Service to a specialist without first consulting that child's own family doctor, and giving that doctor an opportunity, if he so desired, to make the necessary arrangements. The one exception to this general rule is the reference of children for refraction with a view to provision of spectacles. We ask in return that doctors shall let us know of any illnesses occurring in school children which are likely to have an influence on their school life, and it is pleasing to be able to record the very great help that we have had from many General Practitioners in this way—for example, the wholehearted co-operation we have received in the voluntary notifications of cases of Acute Rheumatism before ever it became compulsorily notifiable. In the same way we have had the greatest assistance from the hospitals in the West Cornwall Hospital Management Committee's area in letting us have particulars of children discharged from hospital and also of children attending certain Out-Patients' Departments.

During the year attention was drawn to the importance of securing early treatment for children suffering from Squint and to the danger of ignoring the squint until the child began attending school. After consulting the Ophthalmic Surgeons in Cornwall I drew the attention of all the General Medical Practitioners in the County, as well as members of the staff of the Health Department, to this point and I am told that as a result children are coming for treatment far earlier than had been the custom in the past.

Progress can also be recorded in connection with the Education Committee's Child Guidance Services. A Home for maladjusted children was opened at Pencubitt, Liskeard, on 16th November, 1951 and provides a welcome extension to the residential accommodation in this branch of the School Health Service.

Permission was given towards the end of the year for the completion of the Child Guidance Team by the appointment of an Educational Psychologist. The County Psychiatrist pays tribute in his part of this report to the work done by the Social Worker, but the lack of an Educational Psychologist in order to provide an effective liaison with the schools has been felt for some time. It is confidently anticipated that this completion of the team will enable the work to be extended and more satisfactorily performed during the coming year. Another encouraging accomplishment was the opening of the Pencalenick Special School for educationally sub-normal children early in the year 1952.

Reference will be found in the Report to the provision of Home Tuition for children who are unable to attend school and have been unable to go to a Residential Special School. This is a problem which has only recently been grasped realistically and it is unnecessary for me to point out to the Education Committee the great value of the arrangement which provides education for children who would otherwise be without it for considerable periods.

There is a brief reference to the Tuberculosis Survey undertaken by Dr. Hargreaves in West Cornwall, a fuller account of which will more appropriately be found in the Annual Health Report.

In spite of the difficult financial circumstances of the year under review, the Education Committee continued to seize every opportunity to improve the sanitation and hygiene of the schools; I would like to place on record my appreciation of the great assistance and encouragement we have received from the Education and Architect's Departments in these matters.

The School Dental Service continued throughout the year to suffer from the severe handicap of gross under-staffing. A generous offer of assistance was received from the Local Dental Committee, and at the time of writing this report I am able to say that it is

bearing fruit. The figures which the Senior Dental Officer quotes show that the condition of the children's teeth has shown a definite deterioration as a result of the partial breakdown of the School Dental Service, and it is to be hoped that the publishing of the award for Dental Officers' Salaries may be some help towards the gradual recruitment of more School Dental Officers.

Finally, the writing of this letter gives me an opportunity to repeat an expression of gratitude to Dr. Elliott for the enthusiastic way in which he has directed the destinies of the School Health Service; most of the progress to which I have been able to draw attention originated from his wide knowledge of the problems involved and the sagacious way in which he has convinced us of their soundness. I am also very grateful indeed for the understanding and sympathetic support which we have invariably received from the Chairman and Members of the Committee, the Secretary for Education and his staff, the Teachers, and the various Voluntary Bodies associated with the School Health Service.

I am,

Your obedient Servant,

R. N. CURNOW,
School Medical Officer.

STAFF

School Medical Officer:

R. N. CURNOW, M.B., B.S., D.P.H.

Deputy School Medical Officer:

E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

Senior Assistant School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

School Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

Assistant School Medical Officers:

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.

MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.

JEAN D. MCKELLAR, M.B., B.S.

JEAN D. MCMILLAN, B.Sc., M.B., Ch.B.

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

*J. REED, M.B., Ch.B., B.Sc., D.P.H.

*L. RICH, M.B., Ch.B., D.P.H., M.R.C.O.G.

B. ROBERTS, M.R.C.S., L.R.C.P.

WINIFRED M. RYAN, M.R.C.S., L.R.C.P.

* Also Assistant County Medical Officer.

Chief Dental Officer:

K. BATTEN, L.D.S.

Dental Officers:

W. K. BATTEN, L.D.S. (resigned 28.2.51).

H. J. EAGLESON, L.D.S.

P. W. EDDY, L.D.S.

W. H. ELLAM, B.D.S.

D. A. PATTERSON, L.D.S.

F. H. STRANGER, L.D.S.

F. R. TAYLOR, L.D.S.

Speech Therapist:

MISS J. ROWLEY-LEWIS, L.C.S.T. (resigned 28.2.51).

MRS. A. L. WILKS, L.C.S.T. (commenced 21.5.51).

Social Worker:

MRS. J. M. STEPHENS, B.A.(Cantab.), Social Science Diploma
(resigned 31.3.51).

MISS F. M. JONES, Social Science Diploma (commenced 1.8.51).

STATISTICS

Population, 1951 (approximate)	...	...	...	343,447
School Population	...	...	...	42,196
Number of Schools:—				
Nursery	...	1 with	40 pupils	
Primary	...	329 with	31,719 pupils	
Secondary:				
Grammar	...	21 with	5,005 pupils	
Modern	...	22 with	3,739 pupils	
Technical and Art	...	5 with	418 full-time pupils and 1,275 part-time pupils	

THE OBJECTS OF THE SCHOOL HEALTH SERVICE

Under Section 48 of the Education Act, 1944, a Local Education Authority is given a duty to provide for the medical inspection of pupils in schools maintained by them and also to make arrangements for these pupils to have comprehensive facilities for free medical treatment whether available to them under the Education Act or otherwise.

Now that the National Health Service Act, 1946 provides medical treatment for all free of charge, the main purpose of the School Health Service is preventive and in addition is concerned with ascertaining what children are in need of treatment and to see that there are facilities available for this treatment.

A definition of the objects of the School Health Service might be stated as follows:—

- (a) "To ascertain the causes of the failure of a child to receive maximum benefit from Education at School, and to put in motion all available resources so that any defect (whether physical or mental) can be remedied or minimised in order to promote his highest personal efficiency as a potential citizen.
- (b) Education of the parents in regard to the better maintenance of the health of their children.
- (c) Supervision of the environmental conditions in schools, especially those affecting hygiene and sanitation."

Résumé of the work of the School Doctor in endeavouring to attain these ideals:—

1. Ascertainment of Handicapped Children.
2. Follow up of Handicapped Children.

It is a statutory duty to keep all Handicapped Pupils under constant supervision.

3. Routine Examinations.

The main objects are:—

- (i) Nutrition and cleanliness of body and suitability of clothing.
- (ii) Defects—
 - (a) Vision—sight test.
 - (b) Hearing.
 - (c) Posture.
 - (d) Cardiac Disease.
 - (e) Early T.B. and Bronchiectasis.
- (iii) Health Education and supervision of environmental conditions in schools.

4. Special treatment in Schools advised by School Doctor:—

- (i) Sit in front of class—hearing or sight defects.
- (ii) Modify or stop P.T. or games, etc.
- (iii) Rest for certain periods of day.
- (iv) Special care generally.
- (v) Co-operation with P.T. organiser—re minor orthopaedic defects.

5. Children not fit for ordinary school.

Recommend:—

- (i) Special Schools.
- (ii) Home Tuition.

6. Children in Hospitals (co-operation with Hospital Authorities). Arrange for Education if fit to benefit from this.

7. Supervision of Sanitation in Schools and condition of Water and Milk supplies.

8. Supervision of Hygiene in Canteens.

9. Medical supervision of Boarded-out Children, Child Life Protection cases and those in Children's Homes.

10. Keep records of all children examined and prepare statistics of normal and defective children.

11. Liaison with:—

- (i) General Practitioners.

Encourage co-operation to prevent overlapping and to ensure that children are seen by General Practitioners at an early stage of illness, if possible, and that their recommendations are followed.

Arrange special care in school, or special education of children brought to the notice of the School Medical Officer by the General Practitioner.

(ii) Teachers.

Teachers bring to the notice of the Medical Officers:—

- (a) Maladjustment (Child Guidance).
- (b) Defects of Sight and Hearing.
- (c) Educationally Sub-normal Children.
- (d) Children needing Speech Therapy.
- (e) Children who appear to be listless or not making normal progress in school.

Very often ill health is noticed by teachers before the parents.

MEDICAL INSPECTIONS

The general health of the school children in Cornwall continued to be satisfactory apart from epidemics of measles and whooping cough which occurred in the early part of the year.

The following table shows the age groups in which children are inspected during their school life:—

GROUP	AGE WHEN INSPECTED	SCHOOLS CONCERNED
	Routine Inspections	
First Age Group	Normally 5—6 years	Primary
Second Age Group	Between 10 & 11 years	Primary
Third Age Group	During last year of attendance at school	Primary or Secondary
	Additional Inspections	
Vision Test	8 years	Primary
Entrants to Secondary Schools	11—12 years	Secondary

The number of medical inspections made during the year were:—

Routine Medical Inspections

Entrants	4,449
Second Age Group	3,499
Third Age Group	3,401
	<hr/>
	11,349
	<hr/>

Additional Inspections

Vision at 8	3,482
Entrants to Secondary Schools ...	2,926
	<hr/>
	6,408
	<hr/>

Other Inspections

Special Inspections	2,835
Re-inspections	5,091
	<hr/>
	7,926
	<hr/>

CO-ORDINATION

It may at first sight appear that the School Health Service, which is a section of the Local Education Authority, is separated from the health and welfare services provided by the Local Health Authority. In fact there is no separation, for the School Medical Officer is also the County Medical Officer. Another important link is the Assistant School Medical Officer who attends the Child Welfare Centres in his area as well as carrying out the school medical inspections. There are no whole-time School Nurses and, therefore, the school work, such as assisting the School Doctor and following up special cases, is carried out by the local Nurse who, in many areas, also carries out the duties of district nurse, midwife and health visitor, making a further link between the services.

CO-OPERATION

The continued co-operation and assistance of the following groups of people has assisted the smooth running of the School Health Service.

Head Teachers

The Head Teachers continue to afford valuable help to the School Doctor when carrying out the medical inspections, and in bringing forward special cases for the doctor's attention. It is hoped

that the opening, in 1952, of Pencalenick Special School for Educationally Sub-normal Pupils will relieve the teachers of the most backward of their educationally sub-normal children and so enable the other children to receive all the attention due to them, which cannot be the case when one or more severely retarded children are in a class.

Parents

The continued attendance of parents at the medical inspections is encouraging. This affords an opportunity for a discussion between parent and doctor; in most cases advice and reassurance is all that is necessary, but when medical treatment is required the reasons for this can be fully explained.

Family Doctors

The scheme whereby school children are referred to specialist clinics, after consultation with the Family Doctor, continues to work very smoothly and the resulting exchange of medical information is extremely valuable.

Hospitals

All the hospitals in the West Cornwall Hospital Management Committee Area continue to notify the school health section of all school children who are discharged from hospital. Cases often need "following up" by the School Nurse or School Doctor and attention is thus drawn to any who need to be considered for inclusion in any of the categories of "Handicapped Pupils."

The Senior Assistant School Medical Officer attends the periodic meetings of the Hospital Administrators and Almoners, when administrative problems, such as those concerning the education of children in hospital, are discussed.

Voluntary Societies

The National Society for the Prevention of Cruelty to Children, the British Red Cross Society, the Cornwall County Association for the Blind all continue to assist the school health service and their co-operation is greatly appreciated.

WATER SUPPLIES IN SCHOOLS

During the year, 188 samples of water have been taken by the County Sanitary Officer, from schools and canteens, of which 133 were satisfactory and 55 unsatisfactory or doubtful.

A number of the unsatisfactory samples were taken from alternative sources of supply with a view to their being used in lieu of the existing unsatisfactory sources of supply.

The Secretary for Education is notified of all unsatisfactory samples and if the source is also a public supply, the Medical Officer of Health and the Sanitary Inspector of the district in which the school is situated are notified and asked to cause an investigation to be carried out.

Schemes of water supply submitted to the County Council, in accordance with the Rural Water Supplies & Sewerage Act, 1944, for their observations are brought to the notice of the Education and Architect's Departments with a view to schools being connected to the proposed mains where public mains supplies are brought to within reasonable distance of the school.

At some schools water for drinking is still carried from a distant source of supply and stored in containers at the school. Many of the containers are unsuitable. They are left in the cloak-rooms without covers and a cup or mug is provided for dipping the water from the containers for the purpose of drinking and a number of children may be using the same cup without it having been washed.

As a result of representations made, the following works or precautions have been or are being carried out:—

Schools connected to mains supplies	...	...	11
Schools proposed to be connected to mains supplies			15
Alternative sources of supply being sought		...	2
Wells repaired structurally	...	...	2
Pumps repaired	...	...	13
Collecting chambers cleaned	...	...	3
Defective drainage being repaired	...	...	9
Lead pipes being replaced by more suitable pipes (lead in water)	...	...	5
Sinking of new wells under consideration	...	...	1

SANITATION IN SCHOOLS

In last year's report reference was made to the survey of the sanitary arrangements of the schools which was carried out in December, 1949, by the Secretary for Education and it set out the works which formed the Education Committee's programme for 1950-51. For 1951-52 the Buildings and Sites Sub-Committee of the Education Committee put into effect the second yearly programme and the following improvements have been, or are being effected:—

Tintagel C.P. ...	...	Conversion of troughs to individual w.c's.
Illogan C.P. ...	...	Re-arrangement and modernisation.
Basset Road Modern ...	...	Troughs replaced by individual w.c's.
Tresillian C.P. ...	...	Conversion to water carriage (septic tank).
Falmouth County High ...	...	Extension.
Helston Modern ...	...	Extension and re-arrangement.
Herland Cross C.P. ...	...	Conversion of privies to w.c's.
Fourlanes C.P. ...	...	Conversion of privies to buckets.
East End C.P. (Redruth)	...	Conversion of troughs to individual w.c's.
Mawgan-in-Pydar C.P. ...	...	Extension of screen wall, etc.
Newquay C.P. Girls' ...	...	Conversion and extension.
Lostwithiel C.P. ...	...	Extension and conversion from troughs to individual w.c's.
Wadebridge C.P. Boys' ...	...	Conversion of troughs to individual w.c's.
Bude Grammar ...	...	Extension.
Whitstone C.P. ...	...	Conversion of privies to w.c's with septic tank.

Included also in the 1951-52 Programme of the Buildings and Sites Sub-Committee are:—

Penzance Girls' Grammar School (where the sanitary arrangements were inadequate for the number of pupils), and

South Petherwin V.P. (Controlled) School (conversion of privies to buckets).

It is hoped that these works will be in hand before the end of the financial year.

The Sub-Committee sanctioned the conversion of privies to the bucket system at Germoe C.P., Michaelstow C.P. and Otterham C.P. Schools, but these schemes were postponed, partly because of the difficulty of disposal and partly because it may be possible to instal water closets within a reasonable time.

The School Health Section has again worked in close co-operation with the Buildings and Sites Section of the Education Department in drafting a programme for the financial year 1952-53 and although the Buildings and Sites Sub-Committee will be restricted very much in the money available to them in 1952-53 for minor capital works I am happy to say that at a recent meeting they had no hesitation in deciding that a very considerable proportion of that money should be utilised for the improvement of the sanitation in schools.

There may be impatient criticism from those who feel that the schools, in the welfare of which they are particularly interested, are neglected, but it is only possible to deal with shortcomings so considerable and widespread by patiently and faithfully pursuing a carefully considered policy of priorities. It is heartening that the Education Committee and their Buildings and Sites Sub-Committee do not intend to be diverted from this task to which they have set their hands.

MILK IN SCHOOLS

The supervision of the Milk in Schools Scheme has been continued throughout the year by the County Sanitary Officer and 343 samples of milk delivered to the schools have been taken and submitted for examination with the following results:—

Grade of Milk			Satisfactory	Unsatisfactory	Total
Pasteurised	...	...	255	18	273
Tuberculin Tested	...	...	33	11	44
Accredited	...	...	3	1	4
Ordinary	...	...	18	4	22
			—	—	—
All grades	...	...	309	34	343
			—	—	—

In the case of unsatisfactory samples of milk delivered to the school direct from the farm and in cases of T.T. and Accredited Milk, the County Milk Production Officer of the Ministry of Agriculture & Fisheries is notified and asked to investigate conditions at the farm and methods of production. Other cases are investigated by the County Sanitary Officer.

Most of the milk is supplied in one-third pint bottles and straws are provided. Where the milk is supplied in bulk and beakers used for drinking, the methods of cleaning the beakers and other utensils are investigated.

Great improvement in the conditions under which the milk is received, stored and distributed has been observed where instructions have been given that canteen staffs are to be held responsible for receiving and distributing the milk and the cleansing and return of the bottles, as these bottles are now rinsed and turned upside down in the crates provided, ready for return. This has been much appreciated by the dairymen concerned.

The following table shows the grade of milk supplied to the schools at the end of 1951.

Grade of Milk		Bottled	Bulk	Total
Pasteurised	...	322	8	330
Tuberculin Tested	...	26	5	31
Accredited	...	1	—	1
Ungraded	...	—	10	10
<hr/>				
No. of Schools	...	349	23	372
<hr/>				

The number of children taking milk during the Winter term was 30,301.

Samples of milk from all sources supplying ungraded or accredited milk to schools have been taken and submitted for biological examination. All samples proved to be free of tubercle bacilli.

The school milks are also regularly sampled by the Food and Drugs Department and the average analysis of 184 samples taken during the year showed fat content 3.80% and solids not fat 8.87%. No samples were adulterated.

CANTEENS

The number of canteens and serveries increased from 220 to 237 during the year, providing 20,062 mid-day meals per day. The number of school departments served by these canteens is 306; 64 departments have neither canteen nor servery. As the building regulations have not been relaxed further provision of canteens and serveries is restricted.

In those schools in which meals are served, but do not have cooking facilities, the food is brought from a central kitchen in containers. Although in these cases the food may perhaps not be so presentable as freshly cooked food, it is nevertheless appreciated by the children. Hot meals in schools have without a doubt contributed to an improvement in the physique and health of the children so noticeable over the past few years, as well as serving as social education and training. It has been noticed that a great number of children lose their "food fads" when receiving school meals in company with other children of their own age.

The standard of cooking and cleanliness in the canteens on the whole remains excellent.

HANDICAPPED PUPILS

The eleven categories of Handicapped Pupils as defined in the Handicapped Pupils and School Health Service Regulations, 1945, are given below together with the numbers of children in Cornwall who have been admitted to Special Schools catering for their specific defect and the number of pupils who are awaiting places in such schools. In certain categories the number of children receiving

Special Educational Treatment in ordinary schools is also shown below. Further statistical information is given in the tables at the end of this report and also on pages 19, 20 and 21.

- (1) **Blind Pupils**, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Number of these pupils in a special school ... 13

Number awaiting a vacancy in a special school 1

- (2) **Partially Sighted Pupils**, that is to say pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Number of these pupils in a special school ... 9

Number awaiting a vacancy in a special school 2

Number receiving Special Educational Treatment in an ordinary school 4

- (3) **Deaf Pupils**, that is to say pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Number of these pupils in a special school ... 20

Number awaiting a vacancy in a special school 4

- (4) **Partially Deaf Pupils**, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities, but not all the educational methods used for deaf pupils.

Number of these pupils in a special school ... 3

Number awaiting a vacancy in a special school 2

Number receiving Special Educational Treatment in an ordinary school 3

- (5) **Delicate Pupils**, that is to say pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.

Number of these pupils in a special school ... 10

Number awaiting a vacancy in a special school 8

*Number receiving Special Educational Treatment in an ordinary school 10

* Prior to 1951 children were placed in this category when suffering from minor defects. In order to conform strictly with the Ministry's definition and the usual procedure throughout the country, only those children with severe defects are now included.

- (6) **Diabetic Pupils**, that is to say pupils suffering from diabetes, who cannot obtain the treatment they need while living at home and require residential care.

Number of these pupils in a special school ... 0

Number awaiting a vacancy in a special school 0

No child is placed in this category unless he requires residential treatment away from home. Any children suffering from diabetes and having treatment in their own homes attend the ordinary school and are kept under supervision by the School Doctor.

- (7) **Educationally Sub-normal Pupils**, that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Number of these pupils in a special school ... 23

Number awaiting a vacancy in a special school 132

Number receiving Special Educational Treatment in an ordinary school ... 180

When Pencalenick Residential School, Nr. Truro, for Educationally Sub-normal children is opened in January, 1952, the waiting list will be reduced by 60—this being the number of children who will be admitted to that school. This school will accommodate pupils of 11 years and upwards, and in the Development Plan for Cornwall provision is being made for a Special School for children up to the age of 11 years.

- (8) **Epileptic Pupils**, that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a special school.

Number of these pupils in a special school ... 4

Number awaiting a vacancy in a special school 5

- (9) **Maladjusted Pupils**, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Number of these pupils in a special school ... 5

Number awaiting a vacancy in a special school 6

Number receiving special treatment and attending an ordinary school ... 79

- (10) **Physically Handicapped Pupils**, that is to say pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily

educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.

Number of these pupils in a special school ... 9

Number awaiting a vacancy in a special school 5

(11) **Pupils suffering from Speech Defect**, that is to say pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.

Number of these pupils in a special school ... 0

Number awaiting a vacancy in a special school 1

Number receiving special treatment and attending an ordinary school ... 94

Some children who are awaiting vacancies in Special Schools are able to attend an ordinary school, but those who are unfit to do this are recommended for Home Tuition. This facility has been of the utmost value to these children who otherwise would be receiving no education. Apart from the educational results the School Doctors have reported that these children are very much happier and more contented. At the end of the year 24 children were receiving Home Tuition and nine children receiving part-time tuition in Hospitals (this last figure does not include the cases in Hospital Special Schools mentioned on page 21).

A large number of children with defects, not needing education in a Special School are also kept under close supervision by the Assistant School Medical Officers because they require special educational treatment in an ordinary school. Of these children, those who are maladjusted attend the Child Guidance Clinics or are admitted to residential Homes and those suffering from speech defects attend the Speech Therapy Clinics. Further mention is made of these cases in the report of the School Psychiatrist on page 22 and the report of the Speech Therapist on page 29.

Number of children notified in 1951 to the Mental Health Sub-Committee as ineducable and therefore excluded from school (Education Act, 1944, Sect. 57 (3)) 37

Number of children notified in 1951 to the Mental Health Sub-Committee as being inexpedient that they should be educated in association with other children (Education Act, 1944, Sect. 57 (4)) ... 1

Number of children notified in 1951 to the Mental Health Sub-Committee as requiring supervision on leaving school, or special school (Education Act, 1944, Sect. 57 (5)) ... 24

**Numbers of Children in Special Schools during all
or some part of 1951**

<i>School</i>	<i>Number</i>	<i>* No. who left during year</i>
Educationally Sub-normal		
Clyffe House Special School, Dorchester ...	1	—
Courtenay Residential School, Starcross ...	16	4
Farney Close School, Nr. Poole, Dorset (Independent School)	1	—
Royal Eastern Counties Special School, Colchester	1	—
Camphill-Rudolf Steiner-School, Newton-Dee House, Aberdeenshire (Ind.) ...	1	—
Besford Court, Worcester	1	—
St. Francis School, Monyhull Hall Road, King's Heath, Birmingham (old Mony- hull Residential School)	1	—
St. Christopher's School, Bristol (Ind.) ...	1	1

Deaf and Partially Deaf

Royal West of England Residential School for the Deaf, Exeter	16	2
The Mount Deaf School, Stoke-on-Trent ...	4	—
The Lawns House School, Leeds	3	—
Llandrindod Wells Residential School for the Deaf	1	1
Hartley House Day Deaf School, Plymouth	1	1
Royal School for the Deaf, Margate ...	2	—

Blind and Partially Sighted

Royal School of Industry for the Blind, Bristol	8	—
West of England School for the Partially Sighted, Exeter	8	1
Royal Normal College for the Blind, Shrewsbury	3	1
Chorleywood College, Hertfordshire ...	2	—
Royal School for the Blind, Leatherhead, Surrey	1	1
Worcester College	1	—

<i>School</i>				<i>Number</i>	<i>No. who left during year</i>
Physically Handicapped					
St. Loyes College, Exeter	...	...	...	3	1
Dame Hannah Rogers School, Ivybridge	...	...	...	4	2
Exhall Grange Special School, Coventry	...	...	...	2	1
Victoria Home, Bournemouth	...	...	...	1	1
Whiteness Manor, Kingsgate, Kent	...	...	...	2	1
Derwen Cripples' Training College, Oswestry	...	...	...	1	—
The Heritage Craft School, Chailey, Sussex	...	...	...	1	—
Hinwick Hall School, Nr. Wellingborough, Bedfordshire	...	...	...	1	1
Epileptic					
Lingfield Epileptic Colony, Surrey	...	...	...	4	3
Chalfont Epileptic Colony, Bucks.	...	...	...	3	1
Soss Moss School, Chelford, Cheshire	...	...	...	1	1
Delicate					
Burrow Hill Open Air School, Frimley, Surrey	...	...	...	2	2
Staplefield Place School, Handcross, Sussex	...	...	...	1	—
St. Dominic's Open Air School, Hambledon, Surrey	...	...	...	1	—
Oak Bank Open Air School, Sevenoaks, Kent	...	...	...	1	—
Castleham School of Recovery, Nr. St. Leonard's	...	...	...	1	1
St. Catherine's Home, Ventnor, I.O.W.	...	...	...	2	1
The Children's Convalescent Home, West Kirby, Cheshire	...	...	...	2	—
Port Regis Open Air School, Broadstairs, Kent	...	...	...	1	—
Diabetic					
St. George's Hostel, Kersal	...	...	...	1	1
Maladjusted					
Red Hill School, Maidstone	...	...	...	1	1
The Sutcliffe School, Winsley, Nr. Bradford- on-Avon, Wilts	...	...	...	3	1
The Mulberry Bush School, Standlake, Oxon. (Ind.)	...	...	...	1	1
The Caldecott Community, Ashford, Kent	...	...	...	1	—
St. Catherine's School, Almondsbury, Bristol (Ind.)	...	...	...	1	1
St. Michael's Home, Ditchingham, Norfolk (Ind.)	...	...	...	1	—

<i>School</i>					<i>Number</i>	<i>* No. who left during year</i>
E.S.N. and Maladjusted						
Withycombe House School, Nr. Exmouth, Devon					3	3

E.S.N. and Epileptic

St. Christopher's School, Bristol (Ind.) ...	1	—
Camphill-Rudolf Steiner-School, Newton Dec House, Aberdeenshire (Ind.) ...	1	1

E.S.N. and Physically Handicapped

St. Christopher's School, Bristol (Ind.) ...	1	—
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E.S.N. and Blind

Condoover Hall, Shrewsbury	1	—
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* This column includes children who have left school either because of age or by reason of having sufficiently improved to be able to attend an ordinary school; also those cases in respect of whom responsibility has been transferred to some other Local Education Authority or to the Ministry of Labour.

HOSPITAL SPECIAL SCHOOLS

Number of children who have received tuition during the year at Hospital Special Schools maintained by this Authority:—

*At Tehidy Sanatorium	17
At the Royal Cornwall Infirmary	108

* The children from Tehidy have been temporarily transferred to the Falmouth and District Hospital.

Number of children who have received tuition during the year at Hospital Special Schools not maintained by this Authority, but for whom financial responsibility has been accepted for their education:—

At Cheyne Hospital Special School, Sevenoaks ...	1
At Frenchay Park Hospital School, Bristol ...	6
At St. Lawrence Hospital School, Chepstow ...	1
At Mount Gold Orthopaedic Hospital School, Plymouth	6
At Tadworth Court Hospital for Children, Tadworth ...	3
At Great Ormond Street Hospital Special School, London	1
At Angela Orthopaedic Home School, Devon ...	1
At Royal National Orthopaedic Hospital Special School, Middlesex	3
At Winford Orthopaedic Hospital School, Nr. Bristol	1
At Harefield Hospital Special School, Middlesex ...	1
At Lord Mayor Treloar Hospital Special School, Alton	1

RESIDENTIAL BOARDING HOMES FOR MALADJUSTED PUPILS

Pencubitt Home, Liskeard

This home was opened on the 16th November, 1951, and by the end of the year six children had been admitted.

This home will eventually accommodate 17 maladjusted pupils comprising:—

11 girls aged 5—15 years

6 boys aged 5—11 years

Trevenson Home, Camborne

This home admits maladjusted boys of over 11 years only and will accommodate 22. The maximum and minimum numbers in the home during the year were 19 and 14 respectively.

CHILD GUIDANCE CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Camborne	Community Centre	2 a month
Falmouth	Health Clinic	2 a month
Liskeard	Health Clinic	As required
Penzance	Health Clinic	2 a month
St. Austell	Health Clinic	2 a month
Truro	County Hall	As required
Wadebridge	Health Area Office	As required

Children from the South East part of the County still attend the Child Guidance Clinic in Plymouth. I am indebted to the Plymouth Authorities for their co-operation in this matter as our Psychiatrist finds it impossible to cover the whole county.

Dr. D. Jackson, the School Psychiatrist, reports as follows:—

"During the session 1950-1951, Child Guidance Clinics continued to be held at fortnightly intervals at Penzance, Camborne, Falmouth and St. Austell. Clinics were held at Truro, Wadebridge and Liskeard as required.

Number of cases and attendances at Clinics:

		Cases	Attendances
Penzance	...	34	55
Camborne	...	20	32
Falmouth	...	16	29
Truro	...	14	29
St. Austell	...	15	25
Wadebridge	...	8	8
Liskeard	...	7	7
		<hr/>	<hr/>
		114	185
		<hr/>	<hr/>

In addition to cases seen at Clinics, 85 special visits were paid throughout the session to 58 children. The cases concerned were either children unable to attend Clinics or those at Trevenson Boarding Home for Maladjusted Children, the County Remand and Reception Home, Camborne, or those in Children's Homes.

On 31.12.51, 79 cases were continuing under treatment and 22 had been referred but not yet seen.

Sources from which cases referred:

School Health Service	...	...	55
Probation Officers	...	...	38
Children's Department	...	...	19
Education Department	...	...	14
Family Doctor	...	...	13
Parents	...	...	12
Teachers	...	...	10
Speech Therapist	...	...	4
Welfare Department	...	...	3
N.S.P.C.C.	...	...	2
			<hr/>
			172
			<hr/>

Conditions for which advice sought:

Multiple conditions	...	...	39
Stealing and damaging	...	...	36
Backwardness	...	...	23
Uncontrollable	...	...	20
Enuresis	...	...	13
Sex difficulties	...	...	13
Nervous fears	...	...	9
Truanting and refusal to attend school	...	...	8
Speech disorders	...	...	5
Fits	...	...	2
Vocational guidance	...	...	2
Temper tantrums	...	...	2
			<hr/>
			172
			<hr/>

The total number of NEW cases referred for advice was 104. This is satisfactory evidence that the value of a Child Guidance Clinic is becoming increasingly recognised.

The number of cases continuing treatment, 79, represents an increase over that for 1950/51. Whereas in previous years discontinuance of treatment was often necessitated by shortage of staff rather than the cure of the condition, the contribution of Miss F. M. Jones, who was appointed Social Worker in August, 1951, has both

improved the quality of investigation and treatment and rendered possible the prolongation of the latter. In this connection it must be remembered that in the very nature of the condition, nervous illness often entails extended treatment if a radical and lasting cure is to be ensured.

The anticipated appointment of an Educational Psychologist early in 1952 will add still further to the comprehensiveness and effectiveness of the Service.

It must be emphasised that the primary objective of a Child Guidance Service lies in the field of prevention. By educative propaganda through Teachers' Associations, Parent-Teachers' Organisations, the various Medical and Nursing Auxiliary Services, the Marriage Guidance Council and the Family Planning Association, the significance for the health of the community of mental no less than physical laws will gradually become inculcated, and in the course of time woven into the fabric of the social structure.

The Child Guidance Service is interested in three categories of children:

- (1) Those whose intellectual growth is slower than that of the average—educationally sub-normal children.
- (2) Those who present behaviour problems which primarily spring from home conditions.
- (3) Those who present behaviour problems where the cause lies in the school situation.

Special Educational establishments cater for each of these three categories. Pencubitt Boarding Home, Liskeard, is designed for category (2) and is a mixed Home providing for 17 children.

The above classification, however, represents a long term policy which must take time to develop. The problem is a vexed one. On the one hand, the slow learner whose special educational needs are not being provided for rapidly becomes a behaviour problem. On the other hand, emotional disturbance or maladjustment necessarily affects intelligence, so that severely maladjusted children tend to be retarded educationally. Further, behaviour problems which manifest in school may spring from conditions operating in the home and vice versa, so that differential diagnosis is not easy in practice.

Although, therefore, primarily designed for children who are maladjusted in the home, in the absence of suitable alternative accommodation, Pencubitt must admit children whose clinical condition is mixed as well as some requiring continuous close observation for diagnosis. In many cases, therefore, education will be provided in Pencubitt and in this connection Ministry of Education Pamphlet No. 5, Page 29, may be cited:

'Some of the more seriously maladjusted children probably gain little from the contact with other children, and gain much from having one specially designed atmosphere and discipline spreading over the twenty-four hours.'

At the same time, the desirability of stabilising these children as quickly as possible for normal school will be constantly kept in view.

The basic principles which underlie the treatment of maladjusted children have been experimentally validated and are universally acknowledged. They were briefly outlined in my report for 1950 and need not here be recapitulated. Mr. and Mrs. Wood, who took up their duties as Warden and Matron at Pencubitt in November, are by virtue of their personalities and specialised training pre-eminently qualified to apply these principles in practice. Even in the course of a few weeks remarkable improvement has already been noted in some cases.

Trevenson Boarding Home, Camborne, for maladjusted older boys continues under the capable wardenship of Mr. Wyke. A considerable proportion of the cases admitted are adolescent 'delinquents' and many of them present educational problems. All the boys attend Pool Secondary Modern School and recreational facilities are provided for their leisure hours at Trevenson.

Illustrative Cases

VERA, aged 5, was referred for temper tantrums, night-terrors and enuresis. The only child of a father of high academic attainments and a mother of more limited capacities, she exhibited the typical spoilt-child reaction. Investigation revealed that the father, compensating for the experiences of his own childhood, had wished to create the conditions of an ideal happiness for his child. The mother, however, was a formal and unresponsive personality incapable of fulfilling those conditions, and of rendering to her child the full measure of maternal love which the father demanded for her. The child sensed, exploited and reflected in her symptoms the divided discipline of the home. Treatment was directed to allaying the anxiety of the father and modulating his ambitions for the child; to correcting parental relationships so as to achieve integration in the home and consistency and uniformity in the discipline of the child. The mother was encouraged to permit greater freedom for the child in play and motor activity; to this end, the co-operation of the school was also enlisted. After a year of continuous treatment, the case was discharged as cured.

TOM, aged 9, the fifth of seven children, was referred on account of mutism and automatism in the class-room of three years' duration. When first seen at the Clinic, his expression was mask-like. He would not speak or move by himself, but maintained a posture

passively imposed upon him. The mother stated he was subject to sleep-walking, but was otherwise 'normal' in the home. She attributed his behaviour to an operation two years before. Observation by the Social Worker of the home conditions confirmed the suspicion that Tom's negativism was a 'defence' reaction on the part of a constitutionally sensitive child of average intelligence. Although now manifested only in relationship to external authority—e.g., towards doctors and teachers, the pattern of negativism had in fact evolved in the home, partly under the capricious and incomprehensible behaviour of the mother, an unintelligent woman who lavished her affection upon each new arrival and as suddenly withdrew it in favour of the next, partly under the discipline-by-threats of a bullying father, himself a man with a 'chip on the shoulder.' At the age of 7, sustaining an injury while at play in the street, Tom was removed to hospital where his condition necessitated a surgical procedure. The mother could not be contacted; reassurances and explanations were brief. It was in this episode, charged with pain, anger and resentment, that the mistrust of 'unreasonable' authority already engendered in the home culminated; the hysterical reaction followed.

Tom was admitted to a Boarding Home for Maladjusted Children where authority is rational and the children under guidance learn to create their own rules of behaviour and abide by them. Very soon the lessening of mistrust was evidenced in tentative approaches to and confidences exchanged with chosen adults. The outlook is very favourable.

PETER, aged 9, was brought to the Clinic by his mother who complained of his failure to progress at school, especially in Reading. 'She and her family had all been good scholars.' The Psychologist rated Peter of superior intelligence, but severely retarded in scholastic attainments; there was some timidity, but otherwise no evidence of personality disorder or emotional instability. The Social Worker reported that three years before the mother, having divorced her husband, had remarried. 'Marital relationships were good, the husband a tolerant and understanding personality and fond of home and stepchild. . . . Peter was getting on well with his stepfather who was making a companion of him.'

Further investigation revealed that the separation had been an emotional upheaval for the mother and that she was still harbouring feelings of guilt and anxiety concerning it. These she had then 'projected' on to Peter, the continuing reminder of her former alliance. Peter's progress in the '3 R's,' which he was then just beginning, offered itself as a suitable object to which maternal anxiety might attach itself. She had assiduously coached him for a long time, subjecting him to both premature stimulation and faulty methods of instruction. It was to this situation that Peter's inhibition in learning was largely a response.

The task of resolving the mother's own conflicts was entrusted to the Social Worker. The school co-operated in relaxing pressure upon the child and adjustments were made on the advice of the Psychologist. Peter's attainments are now those of the average child.

MARGARET, aged 13, the youngest of three sisters, suffered from attacks of breathlessness and gastric sensations, and numerous fears. She had always been a 'nervous' child. Her first attack, when she was 10, had occurred during a period when the family fortunes had suffered a serious decline, and on the evening of the day when she had learned of her failure in a test at school. An inexperienced physician had diagnosed an organic condition and ordered strict measures including prolonged rest in bed. Margaret thereafter was withdrawn from school by her anxious mother (herself a subject to 'nerves') and isolated from contact with her many friends. Subsequently the attacks increased in frequency and ultimately recurred every night.

Thorough investigation made it possible to reassure the mother that Margaret was now in good physical health; all restrictions on the child's activities were ordered to be lifted. Meanwhile the Social Worker contacted the family doctor who was able to render similar reassurance to the mother. In the course of a few interviews Margaret, who co-operated well with explanation and persuasion, was herself relieved of her hypochondriasis."

MINOR AILMENT CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Calstock	Delaware Secondary Modern School	2 a week
Camborne	Community Centre	1 a week
Falmouth	Health Clinic	Daily
Mousehole	Mousehole C.P. School	1, a week
Penryn	Stuart Stephen Memorial Hall	3 a week
Penzance	Health Clinic	3 a week
Redruth	Health Area Office	3 a week
St. Austell	Health Clinic	1 a week
St. Ives	Passmore Edwards Institute	1 a week
St. Just	Cape Cornwall School	2 a week
Wadebridge	Health Area Office	2 a week

Summary of work done at these clinics during the year:—

Clinic	No. of individual children seen	No. of attendances made during year
Calstock ...	197	662
Camborne ...	11	19
Falmouth ...	90	276
Hayle ...	0	0 (closed 30.9.51)
Mousehole ...	49	299
Penryn ...	511	2,063
Penzance ...	171	482
Redruth ...	6	11
St. Austell ...	2	3
St. Ives ...	12	14
St. Just ...	49	212
Wadebridge ...	59	596
	<hr/> 1,157 <hr/>	<hr/> 4,637 <hr/>

Number of sessions held during year ... 915

Types of new cases seen:—

Ringworm—Scalp	...	...	...	0
Body	...	...	...	7
Scabies ...	...	...	...	1
Impetigo ...	...	...	...	20
Other Skin Diseases	...	...	...	47
Minor Eye Condition	...	...	...	62
Minor Ear Condition	...	...	...	14
Miscellaneous—Minor injuries, bruises, sores, chilblains, etc. ...	...	...	...	973
				<hr/> 1,124 <hr/>

Number of children cleansed ... 33

The number of pupils attending these clinics continues to fall. At Hayle, the clinic had to be closed in September because of the complete lack of cases; at each of three other clinics (St. Austell, Camborne and St. Ives) the number of sessions was reduced to one a week because few children were attending. It is still felt that these clinics fulfil a useful function and should be retained in case of any future modification in the National Health Service.

SPEECH THERAPY CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Camborne	Community Centre	1 a week
Falmouth	Health Clinic	1 a week
Helston	Mcneage House	2 a month
Launceston	Health Area Office	1 a month
Liskcard	Infant Welfare Centre	1 a month
Penzance	Health Clinic	1 a week
St. Austell	Health Clinic	1 a week
Truro	County Hall	1 a week

In addition, the Speech Therapist attends one half-day a week at the Royal Cornwall Infirmary, Truro.

Mrs. A. L. Wilks, the Speech Therapist, reports as follows:—

“Speech Therapy Clinics have been held in the same centres as last year with an additional one at Helston. Owing to the great length of the County and travelling difficulties it has been found necessary to visit the clinics in the northern part of the County less frequently. Until a second Speech Therapist is appointed it will be impossible to deal with all the children needing Speech Therapy. A policy of seeing fewer patients more frequently brings quicker and more satisfactory results.

The formation of a Child Guidance team is welcomed, as the children with emotional and developmental difficulties can now be treated from all aspects of their problem.

A welcome feature of this year's work is the increasing number of pre-school children being referred to the clinic. It is not generally appreciated that much can be achieved to help the small stammerer to adjust, or find out and put right the cause of speech defects, in the early stages. In the case of speech disorders the percentage of children who 'grow out of it' is small and the process not conducive to a stable personality.

It is encouraging to find that the majority of parents take a keen and co-operative interest in the treatment of their children. In many cases both the father and mother attend the clinic at intervals,”

Record of numbers of cases treated

Number of children receiving treatment at the end of the year	...	...	...	...	94
Number of children discharged during the year	...	...	...	...	47
Of those discharged:—					
Speech normal or improved	...	...	...	...	38
Other reasons—lack of attendance, etc.	...	...	...	...	9
Number of attendances by cases during the year	...	...	...	...	610

Types of Speech Defects and Disorders dealt with

Stammer	...	...	...	...	...	57
Defects of articulation—e.g., Dyslalia	...	...	...	...	...	47
Defects of language—e.g., Aphasia	...	...	...	...	...	5
Defects of voice—e.g., Dysphonia	...	...	...	...	...	5
Multiple defects—e.g., Cleft Palate	...	...	...	...	...	11
Other cases	...	...	...	...	...	16
						141

DENTAL CLINICS

The following is a list of these clinics:—

Clinic	Address	Frequency
Bodmin	The Priory	2 a week
Bude	The Castle	As required
Callington	Pannier Market	1½ days a week
Camborne	Community Centre	2 a week
Falmouth	Health Clinic	Daily except Wednesdays
Hayle	Passmore Edwards Institute	2 a month
Helston	Meneage House	2 a month
Launceston	Health Area Office	As required
Liskeard	Health Area Office	2 a week
Newquay	St. John Ambulane Hall	1½ days a week
Penryn	Town Hall	1 a week
Penzance	Health Area Office	1 a week
Redruth	Health Area Office	2 a week
St. Austell	Health Clinic	As required
Saltash	Church Hall	1 a week
Torpoint	Health Clinic	1 a week
Truro	Fire Headquarters	As required
Wadebridge	Health Area Office	2 a week

Mr. K. Batten, the Chief Dental Officer, reports as follows:—

“As previously, this report on the Dental Service provided by the County Council for the priority classes, is presented under two headings.

1. School Dental Service (Education Act, 1944).
2. Mothers and Young Children's Dental Service (National Health Service Act, 1946).

Staffing

The staff is common to both parts of the service and has consisted of one Chief Dental Officer and an equivalent of 5½ Assistant Dental Officers and six Dental Attendants for most of the year, together with one Dental Technician and two Apprentices, it being desirous that too long a break should not occur between the completion of the apprentices courses.

Mr. W. K. Batten resigned his appointment on the 28th February and Mr. H. J. Eagleson rejoined the staff at the end of last year.

Mr. F. H. Stranger reported sick during March and has not yet returned to duty. It is probable that he will cease to be a member of the staff early in the new year.

Miss K. D. P. Hosking was appointed Dental Attendant at the Truro Centre and commenced duties on the 19th March. Two Dental Attendants resigned during the year, Miss M. Raymond on the 28th February and Miss B. Whitford on the 24th September. Miss Raymond has not yet been replaced.

Advertisements during the year have not resulted in any staff increase and much leeway has yet to be made up to bring the staff up to its establishment of one Chief Dental Officer and 12 Assistant Dental Officers.

Dental Centres

In addition to the existing 11 fully equipped and three temporary dental centres, a new fully equipped centre at Westbourne, Liskeard and a partially equipped one at Torpoint were brought into use during the year. A new centre of the most modern type is being built at St. Austell and will be completed and brought into use early in the new year.

With the exception of the St. Austell Dental District where, owing to the lack of a convenient centre, treatment has been given either on school premises or in adapted or hired halls, all treatment in the remaining active districts has been carried out in the County's dental centres on regular days weekly and, according to annual reports received from Assistant Dental Officers, with much benefit to patients and operators alike.

The Assistant Dental Officer in charge of the Redruth-Camborne, Helston and St. Ives Dental Districts holds clinics at Redruth on Monday and Thursday, at Camborne on Wednesday and Friday and at Helston and Hayle on alternate Tuesdays.

The Assistant Dental Officer at Falmouth holds clinics there daily except on Wednesday, when he visits the Penryn Dental Centre.

The Assistant Dental Officer in charge of the Newquay and Wadebridge Dental Districts holds clinics at Newquay on Monday, at Wadebridge on Tuesday and Friday and at Bodmin on Wednesday and Thursday.

The Assistant Dental Officer in charge of the Liskeard and Saltash Dental Districts holds clinics at Callington on Monday, Torpoint on Tuesday, Saltash on Thursday and Liskeard on Wednesday and Friday.

I allocate Monday, Wednesday and Saturday mornings to treatment at Truro, Thursday to treatment at Penzance and the remaining two days administering general anaesthetics, consulting on orthodontic cases with my colleagues, treating in Truro, Launceston or Bude or doing administrative work at Truro.

Because there has been no dental officer at Penzance since March, it has been very necessary for me to visit there once a week in order to deal with urgent cases among school children and mothers and pre-school children, and occasionally to hold general anaesthetic sessions to clear up accumulated cases. Even if I'd had the time it became almost impossible for me to carry on at Launceston and Bude after the dental attendant resigned, as there was no one to arrange or help at the clinics. For a period quite lengthy lists were submitted by the Area School Medical Officer, but when it was found on investigation that most of the cases named had persistently refused treatment and failed to keep appointments when called, they were discontinued.

The private practitioners in this area have helped considerably in dealing with cases of an urgent nature and since the Bodmin, Wadebridge and Callington Centres have been opened and visited regularly, many cases in the Launceston area have been sent to clinics at these Centres.

Routine Inspection and Treatment

Of a school population of 42,196, dental inspections have been carried out for 13,288, of these 10,733 have been found to require treatment and 10,233 were offered treatment, 155 sessions being devoted to inspections. This means that 81% of the children inspected required treatment as compared with 75% in the previous year.

The treatment provided included the filling of 8,470 permanent and 1,097 temporary teeth, the extraction of 1,170 permanent and 4,884 temporary teeth. 174 of the temporary teeth being extracted for orthodontic reasons and not because of caries. The amount of treatment performed per 100 children was:—

Fillings		Extractions		Other Operations	
Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth	Perm. Teeth	Temp. Teeth
124	16	17	71	106	48

This represents an increased amount of work necessary per 100 on last year, proving that the dental condition of children is generally deteriorating. During this year there has been an all-round increase in the total amount of work done and the acceptance rate has increased from 61% last year to 66.7% this year.

Complaints are still received from some Dental Officers concerning the number of broken appointments, but I feel that if only more care was given to see that head teachers were in possession of alternative lists of names very often substitutes could be made and much of this non-attendance avoided.

A scheme has been prepared between this Authority and the Local Dental Committee whereby a proportion of those children whose treatment is impossible by the School Dental Service, because of the present staff shortage, will be inspected by the County's Dental Officers and the names and addresses of those needing and accepting treatment by private practitioners will be sent to the County Dental Centre, Truro, from where suitable numbers will be allocated to those practitioners who have offered to set aside part of their available time for the treatment of children. This treatment will be carried out under the National Health Service Act and as more cases are required, notice will be sent to the Chief Dental Officer. The only sorting of names found necessary will be so as not to send orthodontic cases to practitioners not wishing to undertake this class of work. All those needing denture work will be kept under the County's Dental Scheme in order to avoid any charge being put upon the children or parents.

Children needing urgent treatment have been successfully treated during the year, such cases having either been referred to and dealt with by the district Dental Officers direct or through the Central Dental Office, or by private practitioners who in many parts of the County have proved most helpful.

Procedure to obtain treatment for urgent cases has also been brought to the notice of head teachers and others in an excellent brochure issued by the School Health Section.

During this year a nominee of the Local Dental Committee has been co-opted as a member of the Dental Sub-Committee and the presence of such a member at meetings should prove most helpful to the Dental Service.

All the dental officers have paid special attention to the treatment of carious teeth by rendering them self-cleansing and have expressed satisfaction at the previous results obtained by this and the application of ammoniacal silver nitrate and have continued this treatment. It is an unfortunate fact, however, that all the Dental Officers in their annual reports for this year express the view that since the war the teeth of the school entrants are yearly becoming progressively worse and losing that advance made during the war years.

Orthodontia

Not only bearing in mind the advice given in the Health of the School Child for 1946/47 that much time which ought to be devoted to more fundamentally important treatment should not be absorbed in too great a degree in carrying out treatment of a specialised and lengthy nature, but also bearing in mind the present grave staff shortage—it has been found not only impossible but inadvisable to attempt to treat all the cases needing orthodontic treatment who have either themselves applied for it, or have been referred from other sources, such as private practitioners, Assistant School Medical Officers, Speech Therapists, or have been found in need of it at routine inspections.

Treatment has been continued for 164 orthodontic cases whose treatment was commenced in previous years and 115 new cases have been taken on during the year. Treatment has been satisfactorily completed for 61 children. In all cases treatment has been by appliances of a removable type.

In addition, 102 irregularities of the teeth have been treated by extractions only and this has involved the extraction of 153 permanent teeth.

During the year I have continued to act in the capacity of consultant to my colleagues on this specialised type of treatment.

Dental Laboratory

The dental laboratory has continued to be fully occupied, the work done for school children being shown in the following table:—

Orthodontic Appliances (Removable)	...	...	239
Record and Study Models	...	...	401
Partial Dentures	...	...	54
Dentures Rcpaired	...	...	16
Crown and Inlays	...	...	3

As previously stated, another apprentice commenced duty during the year, the senior apprentice having now entered his 4th year and has passed the Intermediate Examination in Dental Technology held by the City and Guilds of London.

General Anaesthetics

General anaesthetic facilities are now available at the Penzance, Falmouth, Redruth, Truro and Launceston Centres, besides which there is a portable apparatus kept at Truro. Administrations have been carried out at the Truro, Penzance and Redruth Centres during 29 sessions (or part sessions) for 254 patients. This service is one that will increase quickly as staff becomes available to man all the Dental Centres.

X-Ray

This service continues to expand and is being found more necessary as an aid to diagnosis year by year and as staff becomes available other installations will become essential. A total of 239 X-Rays were taken for 80 children at Truro and Falmouth.

Apprentices Course

The practical course in dental mechanics for dental apprentices run by the Dolcoath Technical College continues to be run in the County's Laboratory on Monday afternoons; it has become so popular however that an extra session has been allocated on Thursday evenings. At both courses instruction is given by this Authority's Dental Technician; lectures have been given by Mr. N. Black and myself and I have been asked to supervise the whole course.

Eight students were selected because of their advanced age and length of apprenticeship, in each case over two years, and were entered for the Intermediate Examination of the London City and Guilds. Although their course should have extended over a period of two years, the City and Guilds allowed them to sit after a two term course of approximately six months in order to give them an opportunity of taking their finals before finishing their apprenticeship.

Of the eight entrants, Mr. W. F. Best, our senior apprentice, was the only one to pass all parts of the Examination and obtain a 2nd Class Award. Three other students passed in Dental Mechanics but failed in the theory paper and in Chemistry and Physics, which means that they will have to take the Examination again. The others failed the Examination.

Application has also been received this year to run a similar course for dental technicians, but it was felt that it would be impossible to give the necessary time without increasing the Authority's laboratory staff which was inadvisable in view of the shortage of dental officers, so this course has been deferred.

Mothers and Young Children's Dental Service

In order that the School Dental Service shall not unduly suffer, that portion of the service for mothers has again been confined to Truro, Falmouth, Penryn and Penzance Dental Districts, and 136½ sessions have been devoted to the treatment of mothers and young children.

73 mothers received dental inspection, 59 of these received treatment making 268 attendances, 48 being rendered dentally fit. Their treatment consisted of 104 permanent fillings, 175 permanent extractions and 180 other operations. 29 were supplied with full dentures and 21 with partial dentures. 18 received prolonged nasal general anaesthetic and 2 cases were X-rayed. During this year, there were 49 unkept appointments by mothers.

It is of interest to note that the proportion of post-natal cases applying for treatment is much greater than the ante-natal ones—inspections 53 to 20 and the number of cases 45 to 14.

There has been a falling off in the number of ante and post-natal mothers being sent to the centres for inspection during the year. During the first few months of this year there was almost a total lapse of mothers coming for dental treatment in the Penzance dental district.

221 pre-school children were inspected and 167 referred for treatment, 154 being actually treated, making 340 attendances. 9 appointments were not kept. The treatment given to these children consisted of:—

105 fillings in temporary teeth.

104 temporary teeth extracted.

358 other treatments of which 263 were teeth rendered self-cleansing and given subsequent treatment by ammoniacal silver nitrate.

1 child was X-rayed and 19 given general anaesthetic.

73 children were made dentally fit.

In addition to this, 101 cases were given preventive orthodontic advice and are being kept under observation.

I should like to express my thanks to the staff and to the Dental Sub-Committee for the support they have given me during the year and would also like to thank the Ambulance Officers who have continued to be a great help to the Service on each occasion they have been approached for transport."

OPHTHALMIC CLINICS

School children continue to be seen at these clinics which are now the responsibility of the Regional Hospital Board.

The waiting lists mentioned in last year's Annual Report are now negligible, thanks to the co-operation of the specialists concerned.

There is now very little delay in the supply of spectacles and in most cases the children receive their glasses within a month of being examined at a clinic.

Early Treatment of Strabismus (Squint)

As there appeared to be an undue number of school children suffering from squint it was felt that steps should be taken to deal with this problem and that prevention of the defect was the correct method to adopt.

After consultation with the Eye Specialists working in Cornwall, the matter was raised at the Regional Medical Advisory Committee and the following resolution was passed:—

“That, if a child is noticed to squint it should have an ophthalmic examination immediately, for the following reasons:—

- (1) In infancy a squint may arise from several different causes and a correct diagnosis is desirable, whether treatment is possible or not.
- (2) Delay in treatment allows the eye to become amblyopic and diminishes the prospect of successful cure of the squint.”

Copies of this resolution were sent all Assistant School Medical Officers, Assistant County Medical Officers, Health Visitors, School Nurses and also to the Clerk of the Executive Council for Cornwall, who sent copies to the General Practitioners in the County. The reason for this comprehensive distribution of the resolution was the need for referring children with squints to an Ophthalmic Surgeon as early as 6 months of age, as at this age the child would normally be seen by the General Practitioner or School Nurse. Children developing a squint at a later age might be seen by any of the recipients of the resolution and it was considered essential in all cases that an agreed line of action should be adopted.

The excellent co-operation of all included in this scheme has been a great encouragement, for it has already been reported that many cases of squint have been referred to the eye clinics at a much earlier stage than was customary in the past, and it is hoped that as a result the number of children suffering from amblyopia and psychological trauma, which results from permanent squint, will be greatly diminished.

It would appear that the very early diagnosis of squint in children should be one of the aims of preventive medicine, so that immediate treatment may be commenced. The difference between commencing treatment at a very early age and when children begin school may be the difference between having a satisfactory result with very little difficulty, and having a great deal of trouble and possibly no satisfactory result in the end. By the time the child's vision can easily be tested subjectively it may be too late to help the amblyopic eye at all.

Amblyopia

In June, 1951, the Ophthalmic Surgeons carrying out examinations of school children in Cornwall kindly agreed to notify all cases of amblyopia seen at the clinics. In order to obtain a uniform notification it was decided to define a case as amblyopic where the vision in the affected eye was 6/18 or less after correction.

From 1st June to the 31st December, 1951, the number of children examined at the eye clinics, was 1,233 comprising both new cases and periodical retests. The number of these children found to be amblyopic was 123, which is approximately 10%.

In addition to the minor handicaps in every day life there is the more serious danger to sight where an injury to the sound eye is involved, and also there is the inability to reach the visual standards demanded in some branches of the services or industry.

Therefore it would appear that the early treatment of squint should prevent the occurrence of amblyopia in many cases and so play its part in the improvement of the health and fitness of the school child.

ORTHOPAEDIC CLINICS

School children continue to attend these clinics which are the responsibility of the Regional Hospital Board.

The Scheme for Remedial Exercises in Schools which was mentioned in the Annual Report for the year 1950, has been continued in the St. Austell Education District and it is hoped to extend this scheme to the Bodmin Education District in 1952.

There is no doubt that the improved system of Physical Education, together with the early treatment of incipient defects at school, will reduce the number of children requiring frequent absence from school to attend the Orthopaedic Clinics for major treatment.

In most areas of the County there is already a noticeable improvement in the posture of the school children.

EAR, NOSE AND THROAT CLINICS

The Ear, Nose and Throat Specialists employed by the Regional Hospital Board continue to send a copy of their reports for school children. These reports are valued by the Assistant School Medical Officers and enable them to follow up these cases in schools.

CLEANLINESS

The School Nurses inspect the children's heads once a month and follow up any cases of infestation and, when necessary, recommend exclusion from school or compulsory cleansing.

255,894 such inspections were carried out during the year in 2,971 visits to the schools, and 1,346 children were found to be unclean. The number of children who were compulsorily cleansed (on the instructions of the School Medical Officer) was 6, 3 of whom were from the same family. This shows a most welcome decrease of 16 from last year.

INFECTIOUS DISEASES

There was a decrease in the number of cases of Diphtheria during 1951—10 cases being notified compared with 16 in 1950.

36 cases of Poliomyelitis (Infantile Paralysis) occurred during the year, 14 of whom were school children. These figures show a welcome reduction from last year when 98 cases occurred, 48 being school children.

The number of cases of Measles was 5,813 showing a large increase on last year's figures, when 668 cases occurred.

Whooping Cough also showed an increase, 1,485 cases being reported compared with 729 in 1950.

311 cases of Scarlet Fever occurred during the year compared with 263 cases in 1950.

Acute Rheumatism became a notifiable disease on the 2nd October, 1950, and during the year 1951 12 cases were notified under the regulations, but a further 18 cases were also reported although not officially notified under the regulations.

TUBERCULOSIS

The last few years have shown a great advance in the methods available for the prevention of this disease. Mass radiography, the use of a preventive vaccine known as B.C.G., and the introduction of new agents for the treatment of the disease have made the outlook far more hopeful.

Personnel and equipment did not allow a concentrated attack against tuberculosis on a county-wide basis, so it was decided to tackle first Local Authority areas where the incidence of the disease is highest. St. Just was chosen as one such area.

The work in the schools was carried out in three stages—

- (1) A tuberculin test of all school children to ascertain which of the children had already acquired some resistance to the disease (positive tuberculin test), and which were still susceptible (negative tuberculin test).
- (2) Mass radiography of all the children who had a positive tuberculin result.
- (3) Protection by B.C.G. vaccination of susceptible children exposed to exceptional risk, i.e., contacts of known cases.

Tuberculin Testing

The parents were approached by means of a circular letter for permission to carry out tuberculin testing. The response was excellent, 92% accepting.

In order to ensure uniformity, the application and reading of the tests was done by a team of one health visitor and two doctors.

An analysis of the results is shown below. The percentage of positive reactors is higher than one would expect in a rural area.

Age	Cape Cornwall School		Carnyorth & Pendeen Schools		All Schools in St. Just	
	Number Tested	% age Pos.	Number Tested	% age Pos.	Number Tested	% age Pos.
5-6	23	26	31	26	54	25
7-8	47	33	34	58	81	47
9-10	61	33	38	58	99	42
11-12	59	49	20	55	79	50
13-14	72	50	9	66	81	56
15+	39	51	12	58	51	54

Mass Radiography

The Mass Radiography Unit arrived in the area in February, 1951 and remained for six weeks. All school children for whom an X-ray was felt advisable were passed through the unit as part of their routine medical examination. Unfortunately, owing to current illness, only 80% attended. The examination was instrumental in finding two cases of early tuberculosis.

B.C.G. Vaccination

The parents of tuberculin negative children in the St. Just area were asked if they would like their children to receive B.C.G. should it be considered necessary. The response was good, 82% accepting, 6% refused and in the remaining 12% no reply was received from the letter. Vaccination was limited to contacts of known cases.

DIPHTHERIA IMMUNISATION

The School Nurse is responsible for the immunisation state of the schools in her area and makes arrangements for immunisation sessions in co-operation with the Assistant School Medical Officer.

Children are usually given primary doses of diphtheria prophylactic in infancy when they are approximately 8 months old and the first "booster" dose at or just before they commence school. A second "booster" dose is given at about 9 years of age.

If the parents wish, the whole or any part of this procedure may be carried out by the Family Doctor, though in practice most of the "boosting" injections are given by the School Doctors who also undertake the majority of the primary immunisation of children commencing school who were not protected in infancy.

The table below shows the work carried out during the year:—

<i>Primary Immunisations</i>		<i>Boosting Injections</i>
UNDER 5	5—14 yrs.	4,738
3,771	967	

THE NURSING SERVICE

Miss A. White, the County Nursing Officer reports as follows:—

"In the County there are 21 full-time Health Visitors and 88 District Nurse/Midwives undertaking school work.

During the year these nurses and health visitors paid a total of 3,120 School Hygiene visits—2,113 by district nurses and 1,007 by health visitors.

School Medical Inspections totalled 718—366 by district nurses and 352 by health visitors.

Hygiene and Medical follow-ups to schools and homes totalled 4,620.

Owing to the very rural nature of much of the County and the distances to be covered, it has been found more practicable to give the school work in these areas to the district nurses rather than to employ full-time health visitors. This arrangement is more

economical both in time and money and has the further advantage of avoiding duplication of visits. Doing the whole of the work of the district as she does, the nurse gains a very good knowledge of her families. Not only may this knowledge sometimes prove helpful to the Assistant School Medical Officers but, as she may have attended these families during the illness of one of their members, her advice is readily sought by mothers and her opportunities for health teaching greatly increased.

In urban areas, the full-time health visitors combine school work with Maternity and Child Welfare, thus providing continuity of service. Their work is arranged so as to enable them to attend medical inspections in all the schools in their areas, as well as minor ailment and immunisation clinics. Hygienic visits are carried out at frequent intervals and where necessary children are afterwards followed up in their own homes in order to help and advise the mothers and ensure the well being of the child. This also happens after each medical inspection.

Similar visits are paid to the homes of children discharged from hospital after treatment, and of children found to be suffering from infectious disease."

OTHER WORK OF THE ASSISTANT SCHOOL MEDICAL OFFICERS

In addition to the routine medical inspection of children in schools, the Assistant School Medical Officers performed the following duties during the year:—

Examinations of children for admission to Disabled Persons (Employment) Register	...	...	5
Examination of children for part-time employment	...		165
Examinations of Boarded-Out Children and Child Life Protection Cases	...	...	1,092
Number of sessions at Infant Welfare Centres	...		768
Examinations of staff for superannuation purposes			65
Examinations of Blind or Partially Sighted Persons			133

REPORTS BY ASSISTANT SCHOOL MEDICAL OFFICERS

The following notes on the Service in general are extracted from the reports of the Assistant School Medical Officers.

Dr. D. Chown: Penzance Area

"The health and physical condition of the children has continued to be good in the majority of cases. Often the children

who show signs of malnutrition are those who refuse to eat the right foods; they are the ones who refuse to drink school milk or stay for school dinner, preferring to go home to food of their own choosing.

Since the 1946 National Health Act, far fewer children are found at routine medical inspections to be in need of treatment, as those with any defect are usually found to be already under the care of the family doctor. What strikes one very forcibly now and almost daily, is the trivialities for which parents take their children to the family doctor. A child has a cold in the head or a few spots and it is taken to the doctor for a bottle of medicine. The faith of the public in bottles of medicine is as great as ever, provided the prescription is veiled in mystery, and simple home remedies are no longer used.

Progress has been made with improved school sanitation. Ludgvan now has water sanitation. Piped water has been brought into St. Levan and Newbridge schools. Sennen, Newbridge, Trythall and Kelynack now have buckets instead of privies. Newlyn and Carnyorth have had new wash basins, and Newlyn and Mouschole new water pipes. Madron is having water sanitation and wash basins installed.

There have been no new canteens this year but there is a new servery at St. Mary's R. C. School, Penzance.

Two children unable to attend school have been making good progress under home tuition, and tuition has been provided for three children in the West Cornwall Hospital.

During the year thirteen additional children have been ascertained as requiring special education on account of mental retardation.

Four school leavers have been recommended for supervision by the Mental Health Committee.

Two five-year-old children have been found to be ineducable and two older children excluded from school for the same reason .

Two severe asthmatics, whose school attendance is very irregular, were recommended for Open Air Schools, but in each case the parents have refused to let the child leave home.

One child was recommended for the special school for spastic cases at Ivybridge, and there were two children with multiple defects for whom no school can be found."

Dr. M. V. Joscelyne: Helston Area

" School Medical Inspection

The teachers in this area are exceptionally co-operative. Health Visitors and District Nurses also give invaluable help and are always willing—however busy they may be—to follow up any cases referred to them.

The children are fortunate in having such an excellent Specialist service available.

Clothing

The standard of the children's clothes is generally high, and they are better shod than formerly. There are, however, still too many children wearing Wellingtons in school.

Nutrition

The rising cost of living does not yet appear to have had any deleterious effect on the nutrition of the children; they look well and are as lively as ever.

Postural Defects

I find fewer cases of scoliosis, and indeed of all postural defects, than formerly.

Skin

There were outbreaks in some schools of a mild type of facial ringworm in the early summer of 1951.

Otherwise, skin complaints have been few in this area; scabies has almost disappeared and impetigo is rare.

Educationally Sub-Normal Children

Although the children themselves look forward to going to Pencalenick, their parents do not yet seem to appreciate their good fortune in obtaining places for their children at this school. No doubt, as the school becomes better known, this myopic attitude will be corrected.

Playgrounds

These have in many schools been recently re-surfaced, but there remain unsatisfactory and dangerous playgrounds, particularly that of the Voluntary Primary Junior School at Helston.

Vyvyan House, Helston

This Children's Home for Girls and Infants is most successfully run and beautifully equipped. The children are understood, and treated with love and care."

Dr. J. D. McKellar: Newquay Area

" General

Although I have no dramatic changes to report in my area during 1951, it has been a satisfactory year. General health has been good and many schools have been improved as far as the economic situation will permit. In Newquay an exceptionally fine Infants School is to be opened in January, 1952.

Buildings and Sanitation

Several schools have had artificial lighting installed and the old fashioned Cornish ranges are being gradually replaced by slow combustion stoves, but heating is still very poor in a great number of schools. Frequently the temperature of the classrooms are between 40°F—50°F in the winter.

Sanitation is also being dealt with and improvements made. Although in some cases, it is only the conversion of the foul pits to the bucket system, it is a step in the right direction. The lack of a main water supply still hampers radical changes in a number of schools.

Quite a number of schools have now been re-decorated but there are still one or two which are in urgent need of brightening up.

Some of the older schools have classrooms so lofty that it is quite impossible for the caretakers to remove the festoons of cobwebs that gather on the ceilings.

School Meals

There are now only a few schools without a mid-day meal provided by the School Meal Service. This meal is of particular value to those children from unsatisfactory homes where the quantity of food may be adequate but the quality sadly lacking. Meals are usually well cooked and palatable and varied, although some of the meals supplied from the central kitchen do not keep up the high standard set by those cooked on the premises.

Health of Children

The general health of the children has been good and there appear to be fewer cases of absence than usual due to sickness at the routine inspections. Nutrition in the "entrant" groups remains at a high level, and only an occasional child is placed in the nutrition 'C' category. Clothing and footwear are of a better quality. Children are well and sensibly shod and dressed. In the 'Clay' area this is particularly marked, and is probably due to the present big wages and full employment.

Unfortunately far too many children are still going to bed very much too late and the lack of sleep is obvious in their appearance

and lethargic behaviour. This is noticeable even in cases of children who are well cared for in other respects. Another perturbing factor is the number of severe burn and scald scars seen at routine inspections.

Physique and posture are also on the up grade. This is particularly pronounced in the Newquay area where Miss Jeans and her staff have been putting in some very hard work with excellent results. Since the introduction of remedial exercises in school, many wasted hours in travelling to clinics have been eliminated.

Physically Handicapped Children

Several children from this area have been sent to Special Schools in other parts of the country. The Deaf and Dumb School at Exeter, the Blind School also at Exeter, as well as Chalfont School for Epileptics have all admitted cases from this area during 1951.

Educationally Sub-Normal Children

With the opening of Pencalnick Special School in January, 1952, the problem of the Educationally Sub-Normal child will become less acute. There is still little being done for the 'under elevens' once they have been ascertained.

Ear, Nose and Throat and Eye Clinics

Both these are working well. A considerable number of pre-school age children are now having treatment for squint.

Immunisations

Sessions for diphtheria immunisations have been carried out at most schools in this area with a satisfactory response.

Infant Welfare Clinics

These clinics continue to be held at several centres, but the attendances vary considerably being greatly influenced in the rural areas by the weather and in Newquay by the 'season.'

Co-operation

Both the teaching and nursing staffs have been most co-operative and their knowledge of the children's background is invaluable."

Dr. J. D. McMillan: Liskeard Area

" School Buildings

The condition of school buildings in this area remains the same. There is still no artificial lighting in many of the country schools, but water supplies are improving.

The interior of many schools is now more cheerful owing to painting with brighter colours. The majority of schools in this area have been redecorated recently. This appears to have stimulated a better standard in school cleaning.

Canteens

The generally high standard of catering has been maintained and considerable improvements have been made to eliminate steam and damp.

Sanitation

This is fairly satisfactory. There are a few outstanding cases where it is bad, but these are all Voluntary Primary Schools.

Health of School Children

The general standard of health remains good, with no serious epidemics in the past year.

The occurrence of malnourished children is a rarity and Category 'C' children are fewer in number.

The standard of cleanliness is satisfactory, with the exception of a few children of problem families. These remain a continual source of infestation in spite of repeated treatment, but they are fortunately few in number.

Vision

The number of children requiring examination for poor sight and squints remains about the same. The supply of spectacles has improved.

Ear, Nose and Throat Clinics

Fewer children have been referred to these clinics; the majority have been for enlarged tonsils. There is a long waiting list for tonsillectomy in Plymouth, and it is found on reviewing cases seen there that a fair number seem to improve in a year or two and can avoid operation.

Orthopaedic Cases

Very few new cases have been referred to clinics and in these cases satisfactory reports have been obtained.

Cardiac Cases

Reports from specialists in these cases have been most helpful.

Educationally Sub-Normal Pupils

There are still many problems in connection with these children. Better provision is being made for them now at Secondary School level, and should be improved by the opening of a Residential Special School. Facilities are still required in Junior Departments.

Physical Education

This is receiving more attention, especially in Junior Schools, where the new style of physical training demonstrated by the County Organisers has been introduced. All schools now have more apparatus and the children are obviously enjoying their classes. This greater interest, it is hoped, will prove a natural remedy for the many minor postural defects still seen.

Diphtheria Immunisation

Sessions have been held in as many schools as possible. Owing to lack of nursing staff some areas have not been covered this year. Response has been good.

Infant Welfare Clinics

These have been less well attended since the summer, but it is probably due to staff changes and will automatically right itself."

Dr. G. D. K. Needham: Camborne-Redruth-Hayle Area

" School Inspections

Thanks to the interest taken by Teachers and Health Visitors the routine inspections again were a pleasure to perform. Without this co-operation the work could not be adequately performed.

The Children

Again the Category 'C' children were few; the general condition of the children was excellent. Children in the last year of school life had a very different attitude to life from those seen last year; the extra year is now being accepted and has an obvious value in the social education of the child.

Infestation was again negligible and fewer fleas were seen this year than last.

Eyesight

Arrangements for eye-testing and for provision of glasses worked satisfactorily. A surprisingly large number of Grammar School children were found to have previously unnoticed defects of vision requiring glasses; I hope next year to have a special inspection at the very beginning of the term to deal with this subject alone.

Orthopaedic

It is hoped that the new P.T. schedules will help to improve those children with minor degrees of flat foot with poor posture. In this connection it is worth noting that two headmasters have remarked on the improvement in bearing and self-confidence in the children since the new schedules were introduced.

The infant victims of the last Poliomyelitis epidemic are now reaching school age; many are supported by irons and their absorption into normal school life is something of a problem.

Ear, Nose and Throat

Enlarged tonsils and obstructive adenoids still form the majority of cases referred for further opinion. Very satisfactory reports were received from the Surgeons about the children referred to them for advice.

Educationally Sub-Normal Children

The opening of the new school at Pencalenick offers new hope of improvement for backward children.

Cardiac Investigations

The most notable finding of the year was the almost complete absence of the non-significant apical systolic murmur in the school entrants. I can only recollect two such cases, both in children of inferior physique. Though there is no statistical proof of this, it may be that this murmur is after all significant—of malnutrition. I should be interested in the views of others on this subject.

School Buildings

A considerable amount of work in improving the sanitation of schools in this district was done during the last year, especially with new lavatories and washbasins, and the schools are much better for them.

School Meals and Milk

It is expected that the new canteen at Trewirgie Secondary Modern School will be open in the near future, which will be a great advantage to the schools in the district.

Milk supplies remain satisfactory."

Dr. J. Reed: Bodmin and Wadebridge Area

"Inspections

1,272 periodic inspections were made, 280 being for vision. The proportion of pupils classified in the various nutritional groups was approximately the same as last year, only a small number being classed as 'C.' The largest number of defects fell in the 'visual' group, involving 79 pupils.

Handicapped Pupils

Seven pupils were classified as Handicapped during the year, and four were recommended for removal from their respective categories. The response by the parents of children recommended for admission to Pencalenick does not seem to have been good in this area.

School Meals and Milk

These are generally well provided, but four schools in the area were without canteen facilities, and in two others meals were consumed in classrooms. Three schools had to be supplied with dried milk as the only available safe source.

Diphtheria Immunisation

Some 200 pupils received either primary or boosting doses of antigen during the second half of the year.

Infectious Diseases

Infectious diseases were again prevalent in the schools in the district during the year, particularly so in the urban schools. The outbreak of mumps occurring in the Padstow area last December continued well into the New Year. Measles was most prevalent and, as may be expected, the lower age groups of children were most affected. The progress of spread appeared to be similar to that of mumps last year, beginning in the inland towns and becoming obvious in the coastal area of Padstow and St. Merryn several months later. Most of the smaller rural schools produced no cases at all. Scarlet Fever occurred in small numbers throughout the year, but schools appeared to be singularly free from whooping cough, chicken pox, ringworm and impetigo. The general standard of isolation in cases of infectious disease appears to be low, and Head Teachers have commented upon the varying views of practitioners regarding the periods of isolation, particularly in relation to Scarlet Fever. This is not surprising in view of the mild nature of the illness and the fact that little account is taken of other streptococcal diseases which may be equally infectious.

Premises

Minor improvements were carried out in some schools, including re-decoration. The effect is not likely to be long lasting where the only source of heating is by means of dust-producing slow combustion stoves. No changes were made in the sanitary provisions in the schools in the area."

Dr. L. Rich: Launceston and Bude Area

"Routine Medical Examinations

The number of mothers attending the routine medical inspections appears to be increasing. This is a most important fact, as the value of the school medical inspection is very much greater and the School Doctor can discuss with the parent the various aspects of the child's development.

As pointed out in last year's Report, this also gives the school Doctor an opportunity of imparting some very valuable Health Education Hints.

Infectious Diseases

School life throughout the year has been very much interrupted by the onset of infectious diseases, such as measles, mumps and chicken pox. The incidence of measles has been particularly high. However, poliomyelitis has not recurred this year, and to a certain extent this was expected after the relatively high prevalence of this disease during 1950.

As reported last year the whole of one school in Launceston was examined by the Woods Lamp following a succession of cases of ringworm of the scalp. As a result of this examination, a lot of ringworm was detected and treated. Following this work, not a single case has been reported from this school. I think this emphasises the valuable use of a Wood's Lamp for the whole school where any cases of ringworm keep on cropping up.

School Meals Service

I consider the School Doctor must be brought in to the picture in connection with this Service. Many of the canteens seen are run excellently but there are several which leave much to be desired. It is most important that the people preparing and handling the food in the school canteens should have some knowledge of the elementary principles of food hygiene and to know that they may be subject to inspection and criticism from the School Doctor. It would be a good thing too if the District Medical Officer of Health and his Sanitary Staff were brought in to help and assist in making our Schools Canteen Service as near perfect as possible from a hygienic point of view."

Dr. B. Roberts: Truro-Falmouth Area

" General

The year ending 31st December, 1951, has shown, as compared with the previous year, no outstanding changes or developments in the work, but rather of steady progress along the existing lines.

It has again been marked by the excellent spirit of co-operation between Teachers, Health Visitors, School Doctor and the Family Doctor. This good relationship makes the work easier and more pleasant and promotes the welfare of the children.

School Medical Inspections

These showed that the general health and nutrition of the children are remarkably good. A high proportion of parents attended at these examinations and seemed highly appreciative of the value of these periodic inspections. The few Category 'C' children found were, almost invariably, the product of 'problem'

houses and families, and it is hoped that when the new committee for neglected children, which is meeting regularly, begins to function effectively, a great deal will be done to prevent these children from becoming seriously 'neglected.'

The very pressing problem of the Educationally Sub-Normal Child, always so trying to parent, teacher and doctor, will now begin to be dealt with, inasmuch, at long last, the Special School at Pencalenick will be opened in January, 1952. The needs of Educationally Sub-Normal children under 11 for Special School Education are probably more urgent and pressing than those over 11. More could be done for them and one could be more hopeful of obvious good results; so that the opening of Pencalenick has not helped the Junior Schools, which still have to cope with the very serious problem of dealing with children who are several years retarded and who really need far more individual attention than can possibly be given them in the ordinary primary or junior school.

Another, but smaller problem, met with at school inspections is the comparative frequency of such minor physical defects as slight flat foot and poor posture. In the majority of cases, these can be effectively dealt with by appropriate exercises at school and thereby avoid putting any extra unnecessary strain on the overcrowded hospital clinic facilities. In this connection, it seemed to me that at one particular school (Kea C.P.) where the children are able to indulge in free exercises involving tree and rope climbing and so on, the children appeared, on the whole, to be more alert and with improved poise and posture.

School Dinners

I can only again express my good opinion of the valuable educational, social as well as nutritional benefits derived by the children from the usually well-balanced and attractive meals.

Infant Welfare Clinics

There does not, so far, appear to be any serious falling off in the number of mothers who make use of these facilities, which seem to be appreciated. One innovation, that of always being prepared to carry out the primary diphtheria immunisation at these clinics, in addition to the regular diphtheria immunisation clinic session, has helped the mothers and increased the number of those wishing to use these facilities.

Diphtheria Immunisation

By making use of the Minor Ailment Clinic sessions, it has been possible to cover almost completely the need for 'booster' doses of the children in the Falmouth Schools.

School Buildings

These, of course, vary very considerably. On the whole, there has been considerable improvement during the year, and it is astonishing what a difference just fresh paint and decorations can make. One particular school, which I always regarded as squalid and depressing, has now a completely 'new look.' The whole atmosphere has changed as the result of the new decorations. The school, staff and children too are more cheerful.

Even if money cannot be spent on big structural changes, I am convinced that money spent on frequent re-decorations is money well spent."

Dr. W. M. Ryan: St. Austell Area

"Health of School Children

The year passed without any serious epidemics in my area and the general health of the children was satisfactory.

A good state of nutrition was noted generally in Infants and Juniors, but I think the 'Leavers' were perhaps not so good, but mainly the boys—I suspect that many of them go to bed too late.

Mild postural defects were more noticeable in the 'Leaver' group too. Remedial Exercises in school should help to prevent this as time goes on. Very good work is being done in the St. Austell area in this respect and I have been very glad to see how well the teachers have responded to Miss Jeans' efforts to improve Physical Education in the schools.

Cleanliness and Clothing

Cleanliness calls for no very special comment. It is usually less satisfactory in the rural areas where sometimes water has to be fetched and carried and is therefore used sparingly. The lack of suitable washing accommodation in the homes is also a factor to be considered sometimes and one cannot be too severe.

Children are well clad with a few exceptions, who are mostly the problem families providing the worst cases of persistent uncleanness, but footwear is not so generally satisfactory. The high cost of repairs accounts for much of this of course.

The frequent wearing of Wellingtons throughout the day is to be deplored and I comment on this whenever I see it.

The lack of drying facilities in many of the schools is unfortunate and commonly there is no provision for change of shoes.

School Buildings

I am glad to note that real efforts are being made to improve conditions now whenever possible, especially in connection with sanitation.

Routine Medical Inspections

Parents continue to attend for most of the children and provide opportunity for discussion of any defects or difficulty. It sometimes happens that the few who do not attend are the ones we most want to see in order to get their co-operation on some point or other and this may necessitate a home visit.

Removal of Tonsils and Adenoids

The hospital reports are helpful to us but I wish that some arrangement could be made before the children leave hospital for some instructions to be given in correct breathing and to stress the importance of this to parents when they fetch the children. So many of the children continue to be mouth breathers from habit and consequently derive insufficient benefit from their operation. By the time we see them again in school much valuable time has been lost.

Speech Defects

Some very good work has been done by our Speech Therapist, Mrs. Wilks. Quite often I have noted considerable improvement after only a few visits. I have had some good reports from teachers also about this.

Educationally Sub-Normal Children

A great deal of time and effort was spent this year in ascertaining and retesting and reporting on Educationally Sub-Normal Children in order to prepare a suitable list of children for the new special school Pencalenick. We all hope for the success of this school and also for an extension or another school for a younger age group as well.

Immunisation

This was carried out in a number of my schools and the response was good.

Infant Welfare Clinics

These were well attended on the whole. The Looe Clinic has improved considerably since we obtained permanent Nursing Staff in the area. At Par the numbers have been increasing rapidly. It is now a very big and busy clinic and the nurses and voluntary assistants there are untiring in their efforts to widen the scope of the clinic.

Boarded-Out Children

All these children are seen and examined at frequent intervals and we are familiar with the foster homes.

These children appear to receive every possible care, both from their foster parents and from the Children's Department.

In the 'Homes' it is noted particularly how very well dressed the children are; they are at least as well, and generally better dressed, than many children living in private homes with their own parents. Also they are very well fed and get many little luxuries as well. They often get 'parties' and appear to have a pretty good time generally. They are encouraged to mix with other children outside the home and every effort is made to make their lives as normal and happy as possible to overcome any sense of deprivation resulting from their absence from their own homes and families. In a number of cases, several children of one family are living together in the same home.

One gets the impression of a happy family atmosphere in these homes and the foster parents appear to be devoted and thoroughly understanding.

It is however probable that children boarded-out with private families live a more normal life and this arrangement is probably better."

PHYSICAL EDUCATION

The Senior Organisers of Physical Education, Miss V. M. Jeans, M.C.S.P., and Mr. M. A. Broadbridge, report as follows:—

"During the past two years there has been a growing awareness of the value of physical education in the schools and this created a demand for a more suitable syllabus of work than that issued by the Ministry of Education in 1933, more apparatus for use in the schools and requests for 'Teachers' Courses from all parts of the County. To meet this demand, the Women Organisers worked intensively at the beginning of the year to produce physical training syllabuses for all ages, suited to the conditions and facilities available in Cornwall. Separate schemes of work for infants, juniors, girls of 7 to 15 years of age and senior girls were in print by Easter and were distributed during the summer term, after demonstrations, to all primary school teachers in the county. This, in turn, encouraged teachers to start building up a stock of the small apparatus required for the more modern and individual work and to realise that the syllabus could not be attempted unless the children were properly clothed and shod for the purpose. In some schools children are being encouraged to change for physical training and games, but far too many teachers are still content to allow children to work in coats and boots, thus restricting both movement and enjoyment. The

majority of Secondary Modern Schools now realise the value of good physical education and give sufficient time to the subject, but many Grammar Schools, with better facilities, lag behind in this respect.

Teachers' Courses in the St. Austell area, postponed from 1950, were well attended and the remedial work in the majority of schools in that area is being supervised satisfactorily by the teachers. Several other courses were cancelled owing to financial cuts, but it was possible to hold those which affected the greatest number of teachers. The shortage of trained men and women is still very acute both in primary and secondary schools.

In out of school activities the teachers have been very active in organising league games, tournaments, County trials and teams, athletics meetings and dance festivals.

Halls, Playgrounds and Fields

Halls are still very few and far between and appear to change overnight into classrooms or canteens to meet the pressure of the growing school population. The surfacing of playgrounds with 'Parphalte' has given more scope to those fortunate schools which are on the list in any one year, but there are still many schools in the County where facilities for physical training are extremely poor and some are totally inadequate.

Additional playing field accommodation has been obtained by preparation and seeding of fields at Redruth and Helston (Gwealhellis). At Chapel St. Clare, Penzance, two fields bought by the County Council are now available for use by the schools, while at Redruth, Four Lanes, the Headmaster, helped by parents, has ploughed and seeded the school field. Changing, storing and other facilities are being arranged at Chapel St. Clare and Gwealhellis. The mobile field upkeep unit has done well at both routine and emergency work, but there are still far too many fields which are cut too infrequently and never rolled.

Storage

With the expansion of all forms of physical education, the question of storage of equipment and apparatus has become acute. Small apparatus takes up considerable space and should be under lock and key. Athletic, minor and major games equipment is equally valuable and classrooms in some schools tend to look like the training quarters of a circus, with hoops, ropes and string bags hung round the walls, shoes in bags hanging on desks, and javelins, tins, balls and wooden mats standing in corners. Playground sheds would do much to relieve the congestion and make it possible to have one general store to be used by all classes rather than having apparatus divided and stored in classrooms.

BOYS

Association Football

Much has been done by teachers' committees in maintaining and improving playing and coaching facilities and by giving opportunities for inter-district and out-of-county games. The fourth Football Association Coaching Course for Teachers took place at Whitsun.

Rugby Football

Through the work done by teachers' committees, more boys are playing rugby and several boys have reached national level.

Cricket

The Cornwall County Cricket Club is interested in the M.C.C. Coaching Scheme for teachers and club leaders, but facilities are not yet sufficient for a course to be arranged.

Swimming

Fowey Grammar School again won the Western Morning News Trophy Competition for swimming, arranged by the County Swimming Association. Greater interest in this competition is hoped for in 1952. An A.S.A. examination for the Elementary Certificate for teachers and club leaders was held for the first time in the County. Of seven successful candidates, four are teachers in the Authority's schools. Acceptable conditions for class instruction in swimming are difficult to acquire and many children leave school without having learned to swim.

Camping

A schools' camp was held in school time in the summer of 1951 at Pelcalenick. Nine schools sent contingents and each attended for one week during the summer term. It is hoped to increase annually the participation of schools in this experiment in social and physical education. A small number of schools continued to hold their individual camps during the holidays.

Boxing

It is expected that the increased attention to boxing, given as part of the physical training lesson during 1951, will increase the number of school clubs and create a demand for a Cornwall County Schools' A.B.A. to be formed next year.

Athletics

Athletics continued to develop both in character and in scope during the year. The Grammar Schools' Athletic Union and the Modern Schools' Association broadened their field of events and

a number of Primary Schools have done likewise. A successful attempt to unify Primary Schools was made in Mid-Cornwall where a league of 37 schools was established. Next year it is proposed to form a County Schools' Athletic Association (Boys) to which all types of schools can belong and which can be affiliated to the National Schools' Athletic Association. Penzance and Redruth Grammar Schools again had good results in the Milocarian Trophy Competition.

Courses and Demonstrations for Teachers held during 1951

	<i>Area covered</i>	<i>Number</i>
Physical Training—Senior Boys.	St. Austell 6 weeks	30 men.
Camping—Organised School.	Whole County 5 days	8 mixed.
Athletics—Boys and Girls.	Whole County 3 days	35 mixed.
Physical Training—Senior Boys.	Whole County 1 day	20 men.

GIRLS

Games

The lack of suitable pitches which can be used by girls in Primary and Secondary Modern Schools is a real handicap to the playing of any major game. The majority of schools have a football pitch, but the equivalent for girls for hockey, lacrosse or even a full size court for netball, has never been recognised and the Secondary Modern Schools particularly are restricted in this sphere. The playing of tennis on public courts was also restricted owing to the financial position. The introduction of padder tennis and teniquoit in many schools has helped to give the girls an interest, but it does not take the place of the national games which they should be playing.

Hockey and Netball tournaments were again organised by the school staffs, Helston Grammar School winning the hockey and Penzance Grammar School the netball shield. Three netball tournaments were arranged for the 'under 15's' and the final was won by Bodmin Grammar School. County hockey and netball trials for schools were held and the hockey team went at their own expense to Weston-Super-Mare for the Christmas Festival. In addition, Truro Secondary Modern School won the right to represent the Western Counties in the Festival of Britain Netball Demonstrations at the South Bank Site in May.

Dancing

One large Folk Dance Festival, with over a thousand children, was held on June 29th at St. Austell Grammar School. It was organised jointly by a Teachers' Committee and the English Folk

Dance and Song Society, and boys and girls from 10—18 years of age danced to the Haymakers Square Dance Band. Smaller festivals, organised by local committees, were held in the North and East of the County.

Athletics

Until girls can receive good coaching in athletics all the year round, there is a danger that the sudden strain imposed upon a growing girl will do harm and, therefore, until more time can be given both to the coaching of teachers and, through them, the children, athletics should not be developed too far on competitive lines.

Swimming

Comparatively few schools in the County have facilities for swimming, either owing to cost of transport or to dangerous coasts and this subject must, inevitably, remain the Cinderella of physical education in Cornwall.

Courses and Demonstrations for Teachers held during 1951

	<i>Area covered</i>	<i>Number</i>
Remedials—Infant, Junior and Senior.	St. Austell 2 weeks	106 mixed.
Physical Training—Senior Girls.	St. Austell 6 weeks	34 mixed.
Tennis.	Grammar and Modern Schools, 1 day	12
Physical Training—Infants	Bodmin 5 weeks	16
Physical Education—	Grammar, Modern and Senior Schools 1 day	42 mixed.

Demonstrations

Physical Education to all teachers in Primary Schools.	Callington	66 mixed.
	Camelford	34 mixed.
	Torpoint	36 mixed.
	Falmouth	133 mixed.
	Launceston	47 mixed.
	Bude	34 mixed.
	Liskeard	76 mixed.
	St. Ives	132 mixed.
	Helston	63 mixed.
	Camborne	160 mixed.
	Truro	127 mixed.
	Bodmin	55 mixed.
National Union of Teachers.	Penzance	90 mixed.

Talks to Associations

Parent—Teachers.

St. Blazey Schools.

Bude Grammar School.

Newquay Infant School.

St. Mary's V.P. School,

Penzance.

Professional and Business Women. Camborne.

Although the experiment involving the orthopaedic clinics has not been entirely successful, the attitude of the school medical officers has been most helpful. As they meet many parents during school inspections, they can stress the value of the educational remedial work done in the schools. The fact that many parent-teacher associations and other bodies have asked for a talk on physical education, shows that interest in this subject is now extending beyond the schools' horizon and if more could be done to educate parents and the general public the teachers' work would be made easier. The teachers' co-operation during the year has shown clearly what can be achieved in spite of many difficulties."

TABLE I

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

(INCLUDING SPECIAL SCHOOLS)

A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	4,449
Second Age Group	...	...	...	...	3,499
Third Age Group	...	...	...	...	3,401
Total	...	...	...	...	11,349

Number of other Periodic Inspections

Vision at 8	...	...	...	...	3,482
Entrants to Secondary Schools	...	...	...	...	2,926
Grand Total	...	...	...	...	17,757

B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2,835
Number of Re-Inspections	...	...	...	5,091
Total	...	...	...	7,926

C—PUPILS FOUND TO REQUIRE TREATMENT

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	144	814	908
Second Age Group	362	606	893
Third Age Group	353	440	753
Total (prescribed groups)	859	1,860	2,554
Entrants to Sec. School	250	423	644
Other Periodic Inspections	247	55	291
Grand Total	1,356	2,338	3,489

TABLE II

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1951

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of defects		SPECIAL INSPECTIONS No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4. Skin	...	170	74	41	17
5. Eyes—					
a. Vision	...	1,356	226	212	74
b. Squint	...	273	23	18	13
c. Other	...	72	26	10	3
6. Ears—					
a. Hearing		61	45	15	10
b. Otitis Media		59	29	16	12
c. Other	...	21	14	9	10
7. Nose or Throat	...	397	500	82	69
8. Speech	...	47	45	18	15
9. Cervical Glands	...	77	162	12	13
10. Heart and Circulation		55	147	15	26
11. Lungs	...	87	218	20	40
12. Developmental—					
a. Hernia	...	8	10	4	5
b. Other	...	23	22	4	3
13. Orthopaedic—					
a. Posture	...	132	231	6	15
b. Flatfoot	...	365	172	25	19
c. Other	...	162	65	44	17
14. Nervous system—					
a. Epilepsy		12	11	2	3
b. Other	...	9	9	5	7
15. Psychological—					
a. Development		53	95	20	31
b. Stability		67	35	12	14
16. Other	...	188	134	87	93

B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups		Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
			No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	...	4,449	1,778	39.96	2,509	56.4	162	3.64
Second Age Group		3,499	1,404	40.11	1,945	55.59	150	4.3
Third Age Group		3,401	1,469	43.2	1,807	53.13	125	3.67
Other Periodic Inspections	...	2,926	1,170	39.99	1,676	57.27	80	2.74
Total	...	14,275	5,821	40.8	7,937	55.6	517	3.6

TABLE III—INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	2,971
(ii) Total number of individual pupils examined	...	*255,894
(iii) Total number of individual pupils found to be infested		1,346
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	... ..	1,346
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	... ..	6

* This figure refers to the number of examinations of pupils. The number of individual pupils examined would be approximately equal to the School Population which is 42,196.

TABLE IV
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Notes:—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice—i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment)).

GROUP 1—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table III)

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm— (i) Scalp	...	...		0	10
(ii) Body	...	...		7	16
Scabies	...	...	...	1	5
Impetigo	...	...	...	20	2
Other skin diseases	...	...		47	20
Total	...			75	53

GROUP 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				By the Authority	Otherwise
External and other, excluding errors of refraction and squint	...			62	13
Errors of Refraction (including squint)	...	...	...	49*	1,969
Total	...			111	1,982
Number of pupils for whom spectacles were					
(a) Prescribed	...	...		45*	1,285
(b) Obtained	...	...		42*	1,104

* These totals refer only to cases dealt with by the Supplementary Ophthalmic Services.

GROUP 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ...	0	45
(b) for adenoids and chronic tonsil- litis	0	496
(c) for other nose and throat con- ditions	0	35
Received other forms of treatment ...	14	29
Total ...	14	605

GROUP 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals ... 152

	By the Authority	Otherwise
(b) Number treated otherwise—e.g., in clinics or out-patient depart- ments	0	Informa- tion not available

GROUP 5—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	172	9*

* These cases are from South East Cornwall and were referred to Plymouth City Child Guidance Centres under arrangements made with them,

GROUP 6—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	141	0

GROUP 7—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	973	15
(b) Other (specify)—		
1. Abdomen	0	181
2. Kidney	0	19
3. Glands	0	14
4. Chest	0	51
5. Others	0	166
Total ...	973	446

The figures of cases treated "Otherwise than by the Authority" are incomplete owing to lack of full information from Hospital Out-Patient Departments.

TABLE V

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic age groups	...	...	...		11,554
(b) Specials	...	...	...	...	1,734
			Total (1)	...	13,288
					<hr/>
(2) Number found to require treatment	...	...			10,733
(3) Number referred for treatment	...	...			10,233
(4) Number actually treated	...	...			6,827
(5) Attendances made by pupils for treatment				...	13,427
					<hr/>
(6) Half-days devoted to: Inspection	...	...			153
Treatment	...	...			2,428
			Total (6)	...	2,583
					<hr/>
(7) Fillings: Permanent Teeth	...	...	...		8,470
Temporary Teeth	...	...	...		1,097
			Total (7)	...	9,567
					<hr/>
(8) Number of teeth filled: Permanent Teeth			...		6,282
Temporary Teeth			...		1,028
			Total (8)	...	7,310
					<hr/>
(9) Extractions: Permanent Teeth	...	...	...		1,170
Temporary Teeth	...	...	...		4,884
			Total (9)	...	6,054
					<hr/>
(10) Administration of general anaesthetics for extraction					254
					<hr/>
(11) Other Operations: Permanent Teeth	...	...			7,268
Temporary Teeth	...	...			3,269
			Total (11)	...	10,537
					<hr/>

TABLE VI
HANDICAPPED PUPILS

Children in Hospital Special Schools are not included in this Table.

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	<i>Total</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
In the calendar year ending 31st Dec. 1951:										
A. Handicapped Pupils newly placed in Special Schools or Homes ...	4	4	7	0	7	4	10	11	4	51
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	4	2	6	1	10	3	52	15	2	95*
On or about December 1st :—										
C. Number of Handicapped pupils from the area:										
(i) attending Special Schools as:										
(a) Day Pupils ...	0	0	0	0	0	0	0	0	0	0
(b) Boarding Pupils ...	13	9	20	3	9	9	20	4	3	90
(ii) Boarded in Homes ...	0	0	0	0	0	0	0	15	0	15
(iii) Attending independent Schools under arrangements made by the Authority ...	0	0	0	0	1	0	3	1	1	6
Total (C) ...	13	9	20	3	10	9	23	20	4	111
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :										
(a) in hospitals ...	0	0	0	0	8	1	0	0	0	9
(b) elsewhere ...	0	0	0	0	9	11	3	1	0	24
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition ...	1	2	4	2	8	5	132	6	5	165*

* One child ascertained and awaiting a vacancy in a Special School for Speech Defects.